

1. CIR./DIST./DIV. CODE <b>FLM</b>	2. PERSON REPRESENTED <b>Ballut, Ghassan Zayed</b>	VOUCHER NUMBER <b>03077-07-LL801</b>	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER <b>8:03-000077-007</b>	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) <b>U.S. v. Ballut</b>	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) <b>Criminal case</b>

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.*  
**(1) 18 USC 1962-3300.F - RICO - Interstate commerce**

**REQUEST AND AUTHORIZATION FOR EXPERT SERVICES**

12. ATTORNEY'S STATEMENT  
 As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:  
☐ Authorization to obtain the service. Estimated Compensation and \$ \_\_\_\_\_ OR  
☒ Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$300, excluding expenses)

Signature of Attorney Bruce G. Howie Date June 2, 2004

☒ Panel Attorney ☐ Retained Attorney ☐ Pro-Se ☐ Legal Organization

ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS

**Bruce G. Howie**

**5720 Central Avenue, St. Petersburg, FL 33707**

Telephone **(727) 344-1111**

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions)  
**Translation of FISA tapes per Order of 4/16/04 (Doc. 508)**

CJA PAYMENT RECORD			
01 <input type="checkbox"/> Investigator	15 <input type="checkbox"/> Other Medical	DATE <b>6-29-04</b>	
02 <input checked="" type="checkbox"/> Interpreter/Translator	16 <input type="checkbox"/> Voice Analyst	ENTERED <b>7-9-04</b>	
03 <input type="checkbox"/> Psychologist	17 <input type="checkbox"/> Hair/Fiber Expert	CERTIFIED <b>7-9-04</b>	
04 <input type="checkbox"/> Psychiatrist	18 <input type="checkbox"/> Computer (Hardware/Software/Systems)	VERIFIED <b>7-9-04</b>	
05 <input type="checkbox"/> Polygraph	19 <input type="checkbox"/> Paralegal Services		
06 <input type="checkbox"/> Document Examiner	20 <input type="checkbox"/> Legal		
07 <input type="checkbox"/> Fingerprint Analyst	21 <input type="checkbox"/> Jury Consultant		
08 <input type="checkbox"/> Accountant	22 <input type="checkbox"/> Litigation Specialist		
09 <input type="checkbox"/> Forensic Analyst	23 <input type="checkbox"/> Publication Services		
10 <input type="checkbox"/> Chemist/Toxicologist	24 <input type="checkbox"/> Other (Specify)		
11 <input type="checkbox"/> Ballistics			
12 <input type="checkbox"/> Weapons/Fingerprints/Explosive			
13 <input type="checkbox"/> Pathologist/Medical Examiner			
14 <input type="checkbox"/> Other			

15. COURT ORDER

Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted.

**See attached**

Signature of Presiding Judicial Officer or By Order of the Court

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of

☐ YES ☐ NO

**CLAIM FOR SERVICES AND EXPENSES**

**FOR COURT USE ONLY**

16. SERVICES AND EXPENSES (Attach itemization of services with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation	<b>3475.50</b>		
b. Travel Expenses (lodging, parking, meals, mileage, etc.)		<b>-1158.50</b>	<b>W/H</b>
c. Other Expenses			
<b>GRAND TOTALS CLAIMED AND ADJUSTED:</b>	<b>3475.50</b>		<b>2317.00</b>

17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS

**Legal Language Services  
 18 John Street, Suite 300  
 New York, NY 10038-4011**

TIN: **212 766 4111**

Telephone **212 766 4111**

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM **5-24-04** TO **5-28-04**

CLAIM STATUS ☐ Final Payment ☒ Interim Payment Number **01** ☐ Supplemental Payment

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.

Signature of Rida L. Omar

Date **5/28/04**

18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.

Signature of Bruce G. Howie

Date **June 2, 2004**

**APPROVED FOR PAYMENT - COURT USE ONLY**

19. TOTAL COMPENSATION <b>3475.50</b>	20. TRAVEL EXPENSES <b>(-1158.50 W/H)</b>	21. OTHER EXPENSES <b>=</b>	22. TOTAL AMOUNT APPROVED/CERTIFIED <b>2317.00</b>
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23. ☒ Either the cost (excluding expenses) of these services does not exceed \$300, or prior authorization was obtained.  
☒ Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$300.

Signature of Presiding Judicial Officer John J. Moore

Date **1 July 04**

**3A30**

Judge/Mag. Judge Code

24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED
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28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3)

Signature of Chief Judge, Court of Appeals (or Delegate)

Date

Judge Code



**RECEIVED**

**644**



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